

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LW	68904	4/20/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

59573  
59573

### INDEX OF CLAIMS

6-19-00  
8-29-00

- |   |                                 |   |                    |
|---|---------------------------------|---|--------------------|
| ✓ | ..... Rejected                  | N | ..... Non-elected  |
| = | ..... Allowed                   | I | ..... Interference |
| - | (Through numeral)..... Canceled | A | ..... Appeal       |
| + | ..... Restricted                | O | ..... Objected     |

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If more than 150 claims or 10 actions  
staple additional sheet here

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